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ABSTRACT

This paper discusses the adjustment and acculturation problems of Asian Pacific American women and how these problems relate to their health concerns. Information presented in the article is based on the observations of health service providers to the Asian community. The paper suggests that the diversity of Asian Americans (age, ethnic group, and socioeconomic status) should be taken into account when considering their health needs. Health needs for recent immigrants and adolescents are examined. The difficulties of acculturation are stressed and the mental health problems that may result are highlighted. Recommendations for improving health services to Asian Pacific American women are included. (APM)

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ASIAN PACIFIC AMERICAN WOMEN'S HEALTH CONCERNS

PRESENTED TO WOMEN AND HEALTH ROUNDTABLE SEPTEMBER 14, 1978

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The concept of Asian Pacific American includes persons of East Asian, Southeast Asian, South Asian and Pacific Island origins in the United States. In the last decade there has been a very high rate of immigration from Asian countries. End of the decade estimates based on Census and immigration data place the size of the total population at over 3 million.

Statistical Problems

Accurate statistics on the health status of Asian Pacific American women and Asian Pacific Americans in general are lacking. Estimates are that half of the Asian Pacific American population is comprised of new immigrants and refugees who have come to this country after 1970.

The statistics from the last dicennial Census, therefore, are out of date. Asian Pacific Americans are subsumed under the nebulous category of "other" in other major statistical bases like the National Health Survey and the Current Population Survey. Similar data collection practices exist at the local level. Asians, especially those in mixed marriage families are inaccurately classified at birth and at death so that the statistics which now suggest that the Asians have lower infant mortality and longer life expectancies than the rest of the population need to be examined more carefully.

Lacking hard data, my talk today is based on the observations of people who are now providing health services to Asian communities or have conducted research in these communities.

Diversity

My discussion will be largely subgroup and age group specific. Although we Asian Pacific Americans are grossly stereotyped as being all of the same "Oriental" mold, very basic differences in life style separate first generation immigrants from succeeding generations of native born. Differences by ethnic subgroup (e.g. Japanese, Pilipino or Vietnamese), age group (e.g. adolescent or elderly), and socioeconomic status (e.g. skilled professional or low skilled service worker) are also basic. The diversity within Asian Pacific American populations must be taken into account when one examines the health concerns of Asian Pacific American women today.

Recent Immigrants

Some of the better educated immigrant Asian women have been able to find good jobs at professional levels. Others, however, who are less educated and less proficient in English, work in garment factories, restaurants or mom and pop stores toiling for long hours at meager wages.

Chief concerns in the community are that not enough of the economically disadvantaged immigrant women are aware of the need for and availability of regular health care. Many women in the slums of Chinatown, for example, stop going to see the doctor after their last child. Results of special pap test screening programs offered to Asian women in Los Angeles between 1973 and 1977 found that 27% of the participants between the ages of 30-49 had never had a pap test before.

Crowded, substandard housing characterizes the crime-ridden Chinatowns of San Francisco and New York City. In a survey of New York's Chinatown, apartments were found to have been so subdivided that toilets and bathtubs were in the kitchen. Families of 6 people sometimes slept in one 8' x 10' room. The problems of women in these areas include TB, eye failure from working in poorly lit places, bad nutrition, and mental illness associated with fears about the basic health and safety of their families.

These Asian immigrant women fail to use health services because of high cost, language problems, cultural differences or lack of transporation. Many of the women who have raised children to adulthood in this country still speak little English. Few signs or pamphlets are written in Chinese, Korean or Vietnamese telling them where to go to for free regular checkups. Clinics and hospitals have no bilingual staff and women will seek health care only in an emergency.

Many of the women working in non-union garment factories or mom and pop stores do not belong to health insurance programs. Even if they were, they wouldn't understand what their basic benefits are. A survey of elderly Japanese, living in Los Angeles' Little Tokyo many of whom are women, found that less than a third of those enrolled in Medicare or Medicaid used their benefits. A quarter of those eligible for Medicare were not enrolled.

Physical abuse is a particular problem for Korean women and women who are married to former U.S. servicemen, the so-called "Asian War Brides." In Korean families unmet expectations, underemployment, and unemployment have led frustrated alcoholic husbands to "take it out" on their families.

A Korean wife abuse program has been established in Los Angeles and emergency housing is available. There and elsewhere, however, family violence problems are too often hidden within the family. Some of the Vietnamese and Korean wives of former U.S. Servicemen are living in small towns and rural places, isolated from other Asian women and unable to cope with their family problems.

Language barriers, cultural inhibitions against discussing sex openly, fear of the police and justice system, and the inability to seek help for fear of incurring dishonor to the family are cited as factors that deter Asian women from reporting rape. According to a 1977 San Francisco Chinatown family planning clinic study, only 12 out of 632 cases of sexual assault reported at the clinic had been reported to the police. The Sex Crime Detail of the San Francisco Police had no bilingual staff.

Adolescents

Another high risk group among Asians is the adolescent girls. The adjustment problems of all American teenagers as they come to grips with their self identities and sex roles are magnified for the Asian teenager because of majority culture stereotypes which portray Asian girls as sex objects and

diminish the masculinity of Asian boys. While many Asian girls are high achieving model students, others have become estranged from their parents and overly promiscuous leading to high rates of teenage pregnancy, VD and psychosomatic illnesses. Some have joined gangs. Thomas Naguchi, the well-known Los Angeles county coroner found an unexpectedly high percentage of Japanese teenage girls among those who had died from drug overdoses in the county.

Because of their sexuality, teenagers need to be taught personal hygiene and health care. But these things are rarely discussed in traditional Asian homes and schools do not provide enough information.

Acculturation

Acculturation in American society brings with it health problems associated with American diets and American cultural norms. Thus certain kinds of cancers found to be rare for some Asian groups in their native countries (e.g. cancer of the colon, rectum and bowel for Japanese or cancer of the breast for Asian women) are on the increase among U.S. born Asians.

There is a need to inform both health practitioners and the communities that the risks from these and other diseases will increase as the population acculturates.

Mental Health

Negative stereotypes and discrimination against Asians persist in our society.

The marginal status creates stress. Adjustment is difficult and, today, mental health is a major issue in many Asian populations. A recent New York Times article points out that thousands of Japanese Americans are emotionally troubled because they are ashamed of their origins and of their incarceration in West Coast detention camps during World War II. Recent immigrants who "have not made it" are disillusioned and fearful. The Indochinese refugees have endured trauma of many years of war and guilt over leaving loved ones behind, now face hosptility from Americans who blame them for America's involvement. Many Asian youth are alienated. Unfortunately mental illness is seen as a disgrace in traditional cultures. Bilingual/ Bicultural treatment techniques are still being tested and Asians who are mentally ill often fail to seek help until their symptoms become extreme.

RECOMMENDATIONS

Following are actions needed to deal with the health problems of high risk Asian Pacific American and other minority women:

1. A third of all Asian Pacific Americans live in California. With the passage of proposition 13 in that state, many neighborhood health centers in Asian communities will have their activities curtailed or eliminated. We need to reverse this trend and work to support and develop additional bilingual/bicultural health resources to serve the presently underserved.

2. We need to overcome the barriers that are preventing minority women from obtaining needed health services. Existing health care programs need to be more sensitized about the special health risks of minority women. We need to support bilingual/bicultural preventive health education and outreach.

3. We need more programs like the Kaiser Y-5 program which was established in Hawaii this year for new immigrants. It provides comprehensive medical care and outreach services to immigrants in the U.S. for less than 5 years. Applicants are assured that they will not be deported if they enrolled.

4. Half of the Foreign Medical Graduates that have immigrated since 1965 are of Asian origin. Many have not been able to obtain licenses to practice. Where appropriate, training should be provided to enable these persons to provide primary health care in their own ethnic communities.

5. We need better health statistics so that a clearer picture of the current morbidity and mortality of Asians by sex, by subgroup generation group, and age group is available.

6. We need more research to find out what are the psychological and emotional problems of being a minority in America and what types of coping mechanisms can be used to alleviate these burdens.

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